



PTO/SB/01 (08-03)

Approved for use through 07/31/2008. CMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration  
Submitted  
With Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

04057.008

First Named Inventor

Eric S. Toth

COMPLETE IF KNOWN

Application Number

10/662,150

Filing Date

9/12/2003

Art Unit

3612

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CENTER FLOOR CONSOLE

(Title of the invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

09/12/2003

as United States Application Number or PCT International

Application Number

10/662,150

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

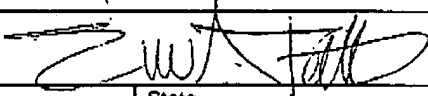
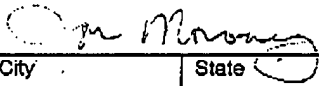
PTO/SB/01 (08-03)

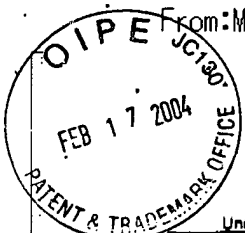
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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: <input type="text" value="20576"/> OR <input type="checkbox"/> Correspondence address below			
Name			
Address			
City		State	ZIP
Country	Telephone	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
ERIC S.		TOTH	
Inventor's Signature 		Date 1/19/04	
Residence: City	State	Country	Citizenship
Holland	MI	US	US
Mailing Address 1632 Waukazoo Dr.			
City	State	ZIP	Country
Holland	MI	49424	US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
JON T.		MORONEY	
Inventor's Signature 		Date 1/19/04	
Residence: City	State	Country	Citizenship
Grand Haven	MI	US	US
Mailing Address 17684 Robbins Road			
City	State	ZIP	Country
Grand Haven	MI	49417	US
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			



From: MILLER JOHNSON

616 831 1701

02/17/2004 15:20 #012 P.015/026

PTO/SB/02A (08-03)

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## DECLARATION

## ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 1 of 3

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

PETER T.

LADUKE

Inventor's  
Signature

Date 01-19-04

Residence: City

Holland

MI  
StateUS  
CountryUS  
Citizenship388 Elm Street  
Mailing Address

Mailing Address

Holland  
CityMI  
State49424  
ZipUS  
Country

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

KEVIN J.

FELLOWS

Inventor's  
Signature

Date

01/19/04

Residence: City

6432 Spruce Lane  
Mailing Address

Mailing Address

Holland  
CityMI  
State49423  
ZipUS  
Country

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

MICHAEL A.

JOHNSON

Inventor's  
Signature

Date

1/19/2004

Residence: City

12069 Gaddini Court  
Mailing Address

Mailing Address

West Olive  
CityMI  
State49460  
ZipUS  
Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/02A (08-03)

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet	
		Page <u>2</u> of <u>3</u>	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
JOE <i>Joseph D. Rankin</i>		RANKIN	
Inventor's Signature <i>Joseph D. Rankin</i>		Date <i>1/19/04</i>	
Grand Haven Residence: City	MI State	US Country	US Citizenship
11730 Lakeshore Drive Mailing Address			
Mailing Address			
Grand Haven City	MI State	49417 Zip	US Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
BRETT <i>Brett W. Kooistra</i>		KOOISTRA	
Inventor's Signature <i>Brett W. Kooistra</i>		Date <i>01.19.04</i>	
Grand Haven Residence: City	MI State	US Country	US Citizenship
15382 Sundew Street Mailing Address			
Mailing Address			
Grand Haven City	MI State	49417 Zip	US Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
BRUCE A. <i>Bruce A. Fredricks</i>		FREDRICKS	
Inventor's Signature <i>Bruce A. Fredricks</i>		Date <i>01.19.04</i>	
Grand Haven Residence: City	MI State	US Country	US Citizenship
13325 Redbird Mailing Address			
Mailing Address			
Grand Haven City	MI State	49417 Zip	US Country

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental SheetPage 3 of 3**Name of Additional Joint Inventor, If any:**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

X MAURICE R.

FREDRICKS

Inventor's  
Signature

Date 1.19.04

Grand Haven  
Residence: CityMI  
StateUS  
CountryUS  
Citizenship520 Butler Street  
Mailing Address

Mailing Address

Grand Haven  
CityMI  
State49417  
ZipUS  
Country**Name of Additional Joint Inventor, If any:**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Inventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

Zip

Country

**Name of Additional Joint Inventor, If any:**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Inventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

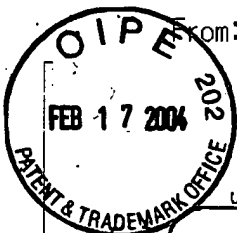
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Zip

Country

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From: MILLER JOHNSON

616 831 1701

02/17/2004 15:21 #012 P.018/026

PTO/SB/81 (08-03)

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/662,150
Filing Date	9/12/2003
First Named Inventor	ERIC S. TOTH
Title	CENTER FLOOR CONSOLE
Art Unit	3612
Examiner Name	
Attorney Docket Number	04057.008

I hereby appoint:

☒ Practitioners at Customer Number:

20576

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number:

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☐ Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

**SIGNATURE of Applicant or Assignee of Record**

Name **ERIC S. TOTH**

Signature *[Signature]*

Date **1/19/04**

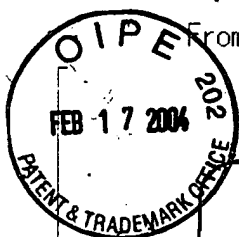
Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of **9** forms are submitted.

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From: MILLER JOHNSON

616 831 1701

02/17/2004 15:21 #012 P.019/026

PTO/SB/81 (06-03)

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and  
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First Named Inventor	ERIC S. TOTH
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Examiner Name	
Attorney Docket Number	04057.008

I hereby appoint:



Practitioners at Customer Number:

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The above-mentioned Customer Number:

OR



The address associated with Customer Number:

OR

Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	JON T. MORONEY
Signature	<i>Jon T. Moroney</i>
Date	2/19/04
Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

<input checked="" type="checkbox"/>	*Total of <u>9</u> forms are submitted.
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and  
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Filing Date	9/12/2003
First Named Inventor	ERIC S. TOTH
Title	CENTER FLOOR CONSOLE
Art Unit	3612
Examiner Name	
Attorney Docket Number	04057.008

I hereby appoint:

☒ Practitioners at Customer Number:

20576

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ The above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	PETER T. LADUKE		
Signature			
Date	01-19-04	Telephone	

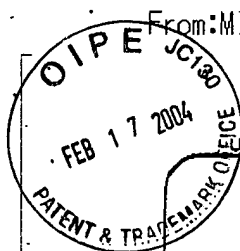
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 9 forms are submitted.

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<input type="checkbox"/> Firm or Individual Name			
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Address			
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Country			
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Name	KEVIN J. FELLOWS		
Signature			
Date	1/19/04	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 9 forms are submitted.

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From: MILLER JOHNSON

616 831 1701

02/17/2004 15:22 #012 P.022/026

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PTO/SB/81 (06-03)

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/662,150
Filing Date	9/12/2003
First Named Inventor	ERIC S. TOTH
Title	CENTER FLOOR CONSOLE
Art Unit	3612
Examiner Name	
Attorney Docket Number	04057.008

I hereby appoint:

☒ Practitioners at Customer Number: 20576

OR

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ The address associated with Customer Number:  

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

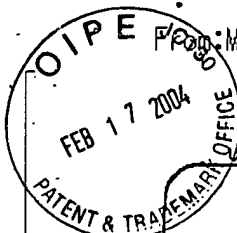
Name	MICHAEL A. JOHNSON
Signature	
Date	2/19/2004
Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 9 forms are submitted.

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Patent: MILLER JOHNSON

616 831 1701

02/17/2004 15:22 #012 P.023/026

PTO/SB/61 (06-03)

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and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/662,150
Filing Date	9/12/2003
First Named Inventor	ERIC S. TOTH
Title	CENTER FLOOR CONSOLE
Art Unit	3612
Examiner Name	
Attorney Docket Number	04057.008

I hereby appoint:

☒ Practitioners at Customer Number:

20576

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

**SIGNATURE of Applicant or Assignee of Record**

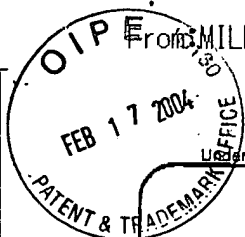
Name	JOE RANKIN
Signature	<i>Joseph D. Rankin</i>
Date	1/19/04
Telephone	

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Form MILLER JOHNSON

616 831 1701

02/17/2004 15:23 #012 P.024/026

PTO/SB/81 (08-03)

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Fax

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	BRETT M. KOOLSTRA
Signature	<i>Brett M. Koolstra</i>
Date	01.19.04
Telephone	

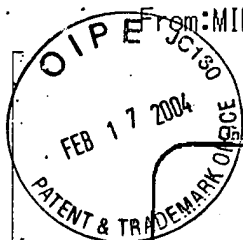
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I am the:



Applicant/Inventor.



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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

SIGNATURE of Applicant or Assignee of Record

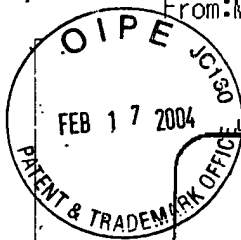
Name	BRUCE A. FREDRICKS		
Signature			
Date	01-19-04	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

<input checked="" type="checkbox"/>	Total of 9 forms are submitted.
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name MAURICE R. FREDRICKS  
 Signature *[Signature]*  
 Date 01.19.04 Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.



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